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# THE LOUISVILLE MEDICAL NEWS:

## A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

LUNSFORD P. YANDELL, M.D., and L. S. McMURTRY, A.M., M.D.,

JOHN P. MORTON & CO., Publishers.

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ISSUED EVERY SATURDAY.

# THE LOUISVILLE MEDICAL NEWS.

*"NEC TENUI PENNÂ."*

**Vol. XIV. LOUISVILLE, NOVEMBER 25, 1882. No. 22.**

LUNSFORD P. YANDELL, M.D., . . } Editors.
L. S. McMURTRY, A.M., M.D., . . . }

## MALARIA IN SKIN DISEASES—A CORRECTION.

Some time since the following paragraph appeared in the Michigan Medical News, and has been widely copied in the medical journals of the country:

A century ago John Hunter divided all skin diseases into three classes, one of which is cured by mercury and the iodides, a second by sulphur, and a third class which the devil himself can't cure. Dr. L. P. Yandell, who quotes Hunter as above, is given credit for a much less complex classification than even this. He attributes all skin eruptions to malaria. Quinine is a specific for malaria; ergo, quinine is the remedy for all skin eruptions. Q. E. D.

I trust that my confrères of the press will do me the kindness and the justice to publish the correction now given, as the matter is not only one of personal interest to the writer, but is of scientific interest to the profession. The subjoined extracts are from a supplement to a report read to the American Dermatological Association, September, 1877. A copy of this report will be gladly sent to any one desiring it:

"From the criticisms which have been made on my views, I find that I have not succeeded in making myself perfectly understood. What I have contended for, and what I have reiterated, is simply this: Malaria is *the chief source* of *acute* skin disease. Scrofula is *the chief source* of *chronic* skin disease. The more inveterate cases of skin disease are often due to the coëxistence of these two things. The specific exanthems, of course, are not included here, but I contend that their progress and termination are often largely influenced by the presence of malaria or struma. *I do not claim* that malaria and struma are the *sole* causes of the dermatoses. Indeed, *many* of the dermatoses may exist *independently* of *malaria* or *struma*, and most frequently some exciting cause is necessary to develop the cutaneous eruption. Among the exciting causes are irritants, injuries, insufficient or improper ingesta, vicissitudes of temperature, alcohol, dentition, menstruation, parturition, lactation, etc. The proofs of the truth of my views are, in the first place, that the diseases of the skin are cured more certainly and more quickly by the antimalarial remedies on the one hand, and by the antistrumous on the other, than can be done by any other line of therapeutics; and in the second place, that careful and painstaking investigation will, in the majority of dermatoses, make apparent the existence of the malaria or the struma, as the case may be.

"In conclusion, I desire to impress upon the reader that my views *are not confined to the skin diseases.* What produces disease here will produce it in all other organs of the body. What is true of dermatology is equally true of gynecology and ophthalmology and otology, and it is just as true of the diseases of all the other regions of the body."

Subsequent observation has confirmed my belief in the correctness of these views.

LUNSFORD P. YANDELL.

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THE Hospital College of Medicine in this city will hold its sessions in the spring.

## POST-GRADUATE COURSES.

In some remarks on this subject the Medical News, of Philadelphia, says:

In New York, the post-graduate idea has taken two directions. One school combines lectures with clinical and practical demonstrations; the other deals exclusively with clinical work. In a recent editorial, we decidedly commended the efforts made by our New York *confrères* to give practical direction to the two ideas of post-graduate instruction. But we are of the opinion that much of this method of instruction should be introduced into the regular sub-graduate curriculum, and that without the knowledge that is thereby obtained, a student is not fitted for graduation. The tendency of medical teaching now is to adopt this view and to supplement the didactic lectures with practical and clinical demonstrations in which the students themselves take an active part.

Recognizing the great need of practical eye, ear, and hand training, as a means for fitting the medical man for the work of his profession, Harvard and the two leading medical schools of Philadelphia have regular exercises in laboratory and hospital to secure this to each person. In every department—in clinical medicine, operative surgery, chemistry, materia medica, and physiology—each candidate for the doctorate is taught practically in the best sense of the word. At the Jefferson Medical School and at Harvard there is also an obstetrical laboratory, in which the principal obstetrical and gynecological operations on the female cadaver are performed in the regular curriculum, in the same way as on the living subject. At the University of Pennsylvania this course is embraced in the spring session, and we are informed that plans are being matured by which each student before graduation shall receive instruction in practical obstetrics at the bedside. . . .

In the methods inaugurated for the post-graduate instruction, there should be a combination of the clinical with the practical work in laboratory. Hence we fear that a merely clinical school will not accomplish the same good purpose.

New York has certainly taken the initiative in the organization of schools devoted solely to the instruction of graduates. Philadelphia has for several years provided suitable courses—as we have seen—for the same purpose, in connection with the existing medical colleges, and at the numerous special hospitals. It would also certainly be doing injustice to the Western schools if we failed to recognize the work which they are doing in the same way. Rush, the Medical College of Ohio, the University of Louisville, have provided excellent systems of post-graduate instruction, to which the profession has had access for several years. *Palmam qui meruit ferat.*

The post-graduate course of the University of Louisville follows immediately upon the annual commencement, and furnishes to practitioners and recent graduates that practical and clinical instruction which is so essential for higher professional qualifications. Practical manipulatory instruction and laboratory work by which the eye, ear, and hand are educated is a part of the regular curriculum of study in this institution. The student, before graduation, is made familiar by actual practice, under the supervision of an instructor, with the use of the microscope, laryngoscope, ophthalmoscope, chemical manipulation, and the application of bandages, surgical dressings and appliances, as well as the use of the vaginal speculum, the stethoscope, and other aids to diagnosis and precision. The post-graduate course includes a higher grade of study, with advanced practical and clinical instruction, in order to furnish the practitioner and recent graduate those facilities formerly sought by American physicians in Europe, and which are essential to advanced skill and self-instruction in practical professional life. A post-graduate course is rapidly becoming a necessity in our educational system, and it is gratifying to see that our Eastern *confrères* appreciate the earnest and honest efforts made by the leading schools of the Southwest to give first-class facilities to students and practitioners. The announcement of the post-graduate course of the University of Louisville will appear early in the new year, and many practitioners throughout the Southwest will doubtless avail themselves of the advantages offered.

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PROF. THEOPHILUS PARVIN.—The Edinburgh Obstetrical Society has just elected this distinguished teacher and writer an honorary member.

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THE ARMY MEDICAL MUSEUM AND LIBRARY.—There is every reason to fear that at the next session of Congress an effort will be made to merge these valuable collections into the general Congressional Library.

## MISCELLANY.

A BEQUEST.—The University of Louisville has lately received from the executors of the late Dr. George John Emil Renner five hundred dollars, bequeathed by the deceased to the dispensary department of the University.

Dr. Renner came to America soon after the Franco-Prussian war, through which he served in the Prussian army. He was a citizen of Freiberg, of excellent family, of high scholarship, proud, brave, and gentle.

He was graduated by the medical department of the University, March, 1877. He passed an exceptionally brilliant examination, and seemed destined to achieve the highest professional distinction. On the breaking out of yellow fever in Memphis in 1878 he hastened thither, one of the first volunteer physicians, and while laboriously engaged in the philanthropic work of ministering to the plague-stricken people fell a victim to the disease.

He died, as he had lived, loving God and his fellow-man, without fear of the future on either side of the grave, with a heart full of courage and kindness. His death was sorrowfully noticed at the time in these pages.

Deeply to be commiserated indeed is he who is without belief in a conscious existence beyond the grave, where such men as young Renner may again live and labor, carrying out there the pure and exalted purposes of a noble life broken off on hither side.

Let those who believe, pity and pray for those who are bereft of religious faith, rather than condemn them as malignant malefactors, as is the common custom of pious people.

Dr. Renner's means were limited, and for this reason his love offering to his Alma Mater, made on his death-bed, is all the more valued by the trustees and teachers of the University.

A DERMATOLOGICAL DRAMA.—The *Moniteur des Sciences Médicales et Pharmaceutiques* publishes an amusing "dermatological drama," called "King Sulphur," which is said to be played at the Hôpital St. Louis. Sulphur is King of Cutis, and has just conquered Acarus. He lays his crown at the feet of Queen Friction, who has aided him in the campaign, and implores her to become his honored queen. But she insists first on making an assault on Favus, and totally destroying his arrogant rule. If afterward Sulphur should burn with the same ardor, she will consent. Then she leads forth her army, attended by Axungia, while Sulphur marches in her train. Meanwhile the old tried generals, Hydrargyrum, Iodide of potassium, and Terebinth consult in angry conferences. Hydrargyrum is excited when he thinks that he, who has for forty years combated with so much glory all the forces of the Syphilides, should now be set aside for this Sulphur. Iodide laughs at his fears, and mocks at the silly tactics of Sulphur in such a war. Then we are introduced to the palace of Queen Eczema, wife of Herpes, who confides to her faithful attendant Acne her fears as to the future; she imagines she is losing her bloom, and is oppressed with vague fears. The news of the advance of Sulphur with Friction and Axungia causes vast alarm. Great preparations are made to resist him, but his attack is irresistible, and at length Favus, Eczema, Herpes, and all their generals have to acknowledge themselves vanquished by this terrible parasite and spore destroyer.—*Journal of Cutaneous and Venereal Diseases.*

SAD OUTLOOK FOR THE BRITISH PROFESSION.—During the past ten years we have watched the medical practice in London very closely, and we can truly say that, as regards general practice, it has been going from bad to worse, and from worse to still lower depths up to the present time. At no time has the outlook been worse than it is just now. Every department of practice is over-crowded, and a large proportion of practitioners have no notion whatever of professional honour and dignity. They act as if they were engaged in a trade, and do not care how small a fee they accept. There is scarcely a district in the metropolis but swarms with so-called "dispensaries" and open surgeries, where advice and medicine can be obtained for a shilling, and in the poor neighborhoods qualified surgeons are content with a fee of sixpence, whilst some are even content with fourpence for each attendance, and we have known a qualified doctor advertise to give *advice and medicine for twopence!* And it is of no use to complain of those who so degrade the profession; their answer is that they must accept low fees or starve.—*The Students' Journal.*

LINNÆUS taught that all diseases were produced by animalcula, or had an insect origin.

GYNECOLOGICAL FORTIFICATIONS. — The Medical Times thus alludes to Dr. Bozeman's paper, read before the American Gynecological Society: "The paper entitled 'Genital Renovation by Kolpostenotomy and Kolpoecpetasis in Urinary and Fecal Fistules,' is by Nathan Bozeman, M. D. It presents us in its first pages with the spectacle of the birth of a new word, for, following the example of the ophthalmologist, the gynecologist is now striving to bar the entrance to his specialty with mighty names. The reader of this paper must encounter and overcome cystostellosis, kolpokleisis, kolpostenotomy, kolpoecpetasis, kolpostenosis; and when there are thrown in a few other big words from outside sources, as pyonephrosis, etc., it is still more bewildering. Hysterocystokleisis is a good word, if it stops growing now. Then we have hysterokleidic, episiokleisis, anakainosis. 'Some may object,' the writer says, 'to the introduction of so many new words;' but the introduction is a small matter, the difficulty is in recognizing them the next time one meets them in literary circles."

CASE OF COBRA BITE FOLLOWED BY RECOVERY.—Surgeon-Major Gunning (East India service) reports in the British Medical Journal, November 4th, this rare event. The patient was not seen for many hours after the injury. Surgeon Gunning is confident his treatment in no way affected the result. The snake was desquamating, and therefore not in a vigorous state of venom. Besides, he struck the victim's boot with his fangs repeatedly before he bit his hand, and thus doubtless expended the contents of the poison sac. The patient was ill and suffered decidedly, but was at no time in apparent danger. The cobra is the deadliest of all reptiles, and usually his bite results as in the following case described by Mr. Gunning: "A poor woman was bitten by a cobra about one hundred yards from where I am now writing, and was immediately carried across to me, but died in ten minutes after, or about thirty minutes after the infliction of the bite."

GUY'S HOSPITAL.—Dr. Steel, of Guy's Hospital, at a coroner's inquiry held by Mr. Payne the other day, opportunely explained that the reason why patients had frequently to be refused admission to that institution was simply because there was no room for them. Guy's and St. Thomas's are the only hospitals for the reception of accident cases in the South Metropolitan District, and as the population is constantly increasing, without a corresponding addition in the ward accommodation at these hospitals being provided, they are unable to meet the growing demands made upon them.

BRILLIANT SENTENCES FROM BRITAIN.—Excerpts from Dr. Tripe's address in the Medical Times and Gazette of November 4th. Who is to blame, the speaker, the printer, or the editor? "Indeed, alterations in the proportion of land covered with water and forests have changed the climates of many countries to such an extent as to have rendered lands once fertile and healthy almost uninhabitable, or to have made unhealthy or sterile some localities which were formerly heathful and fruitful. . . . I suffered from these symptoms during the ascent of a mountain, at about ten thousand feet, and above, but they ceased on reaching the top and keeping myself still, showing that exertion had little to do with them."

SIR THOMAS WATSON.—American physicians will learn with profound concern that this revered physician and lovable gentleman has suffered an attack of paralysis indicative of cerebral lesions, and is gradually sinking. When his old pupil and devoted friend, Dr. George Johnson, reached his bedside, Sir Thomas, with calm demeanor and clear intellect, remarked, "This is the beginning of the end." Though the end is at hand, a noble career and the Lectures on the Principles and Practice of Physic will remain to testify the purity of character, superior professional attainments, and elegant scholarship which long ago won an envied and world-wide distinction.

DRS. WOODWARD AND BARNES.—It is with much regret that the profession learns of the continued impaired health of these well-known members of the profession. Dr. Woodword's health was not improved by his recent trip to Europe, and the condition of the ex-Surgeon General is such as to excite the greatest apprehension.

"I HAVE spoken almost exclusively of what I have myself seen and investigated." Dr. Cornil makes this remark in the preface to his work on Syphilis. If all authors would pursue this commendable plan we should have much fewer books as well as much smaller and better ones. The average medical treatise is chiefly composed of compilations from other bookmakers.

# Original.

## A CASE OF DIFFICULT LABOR.

BY A. W. REESE, M. D.

On Saturday, October 16, 1871, I was hastily summoned, at ten o'clock P. M., to the bedside of Mrs. L., of this place. On my arrival I found present in the sick woman's room Dr. H., the attending physician, Dr. W. C., called in consultation first, and Dr. S. P. added to the council previous to my arrival at the house. I discovered it to be an unusual case of labor. Dr. H. informed me that he had been called to the patient the preceding night (15th); that she had been in labor since two o'clock that morning; that she had just passed through two severe and alarming convulsions, and finally, that the medical gentlemen present all differed in regard to the presentation. Dr. H. gave it as his opinion that it was a presentation of the breech; Dr. W. C. thought it was the abdomen, and Dr. S. P. was sure that it was the shoulder of the fetus that presented itself to the touch.

Such then, in brief, was the history of the case, together with the differing views of the respectable medical men with whom I had been called to consult. The patient was profoundly under the influence of chloroform when I entered the room, Dr. H., the attending physician, administering the drug.

On concluding a statement of the above brief outlines of the case, Dr. H. asked me to make an examination and give my views, which I at once proceeded to do. The touch revealed a strange, unusually-shaped mass blocking up the entire pelvic cavity. In the course of a somewhat extensive obstetric practice I had hitherto met nothing like it. And yet, in spite of its seemingly anomalous character, I could not resist the conviction that the vertex was the presenting part. In fact I felt sure that it was the head that came in contact under the touch.

The shape of this cumbrous mass was, I admit, altogether unlike any other fetal head I had ever met before, and I must confess that this fact was rather against than in favor of my diagnosis in this knotty case. But on the other hand I was sure that I could feel the short, fine, silky hair that usually covers the fetal scalp.

Dr. S. P. could by no means agree with me in this diagnosis. He attributed the sensations derived by me from the touch, to abrasions of the cuticle upon the presenting part of the fetus, as there had been a good deal of manipulation before my arrival in the case. Neither my judgment nor experience could approve this view of the matter.

Whilst making my examination, I rapidly reviewed, in my own mind, the conflicting and diverse opinions of my colleagues, and endeavored to determine their respective merits in a diagnostic point of view. First, then, I carefully scrutinized the position of Dr. H., the supposition of a breech presentation. And, truly, there seemed considerable grounds for his opinion. Here was a large mass, divided longitudinally, by a deep sulcus or groove, into two distinct, rather oblong hemispheres, which indeed bore a remarkable resemblance to the nates. But there were two features of the case which led me, unhesitatingly, to reject Dr. H.'s conclusion. In the first place, the hemispheres of the nates (if I may be allowed the expression) are soft, elastic, yielding, and pliable under the touch. In the present case these protuberances (whatever they might prove to be) were directly the reverse, being hard, dense, compact, inelastic, and, in short, felt to me just like bone covered by integument. Secondly, in passing my index finger from one end of this deep sulcus to the other (which, by the way, was no easy matter) I could discover neither the genital organs nor the anus; one or both of which must have been attainable in a breech presentation, except in a case of monstrosity, which latter is unusual and rare.

For these reasons I could not accept the view of the case under consideration as being a presentation of the breech. I next reviewed the opinion, expressed by Dr. W. C., that the abdomen was the portion of the fetus accessible to the touch. I endeavored to ascertain what features of the case could lead the Doctor's mind to this singular conclusion, for I had never met such a presentation, and was, moreover, skeptical as to its existence. The records of the profession sustain me in this opinion. Ramsbotham says, that in one hundred and fifty cases of transverse positions of the fetus, where he has been called to operate, he has met but *one case* of presentation of the abdomen. Chailly denies their existence altogether; though in the American edition of that author's work, Dr. Gunning Bedford, the editor, mentions a case of the kind which he saw in consultation. Cazeaux, Dubois, and Naegele recognize but *two* trunk presentations, one for the right and

one for the left side. Madame Lachappelle denies the existence of such a presentation. This celebrated midwife declares that, in as many as forty thousand cases occurring at La Maternite, she had not met a *single case* of presentation of the abdomen.

In the case under consideration I could certainly expect to find either the soft, fluctuating, yielding parietes of the abdomen, the ensiform cartilage of the sternum, the symphysis pubis, or the insertion of the umbilical cord at the navel, if the belly, according to Dr. W. C., were the presenting part. But none of these portions of the fetus could be felt. I therefore excluded the abdomen from my diagnostic list. In confirmation of Dr. S. P.'s theory, that it was the shoulder, I could feel neither the axilla, any portion of the arm, the clavicle, fetal ribs, neck, acromion process, nor any other evidence that would lead me to the conclusion that it was a presentation of the shoulder, right or left.

On retiring for consultation I gave my opinion, and the reasons influencing my mind in entertaining the views expressed. Each of my colleagues, however, seemed "fully persuaded in his own mind" of the correctness of his own diagnosis. Such being the case, not much concert of action could be expected.

Finally, after much talk, it was agreed on to review the case, each of us to make another examination, and see what results could be obtained. We returned to the parturient chamber, and each one instituted a further examination, with the exception of Dr. H., the attending physician, who declined, stating that he was fully satisfied that it was the breech. Dr. W. C., the pioneer physician in the county, made a prolonged and rather tedious examination. He was succeeded by Dr. S. P., and lastly by the writer. We again retired for further consultation, and I must say that it was not a little amusing to see how positive each had become as to the correctness of his former opinion. No new light was thrown upon the subject.

Meantime it was becoming painfully evident that the vital forces of the patient were beginning to flag; the countenance was pale, the surface cool, the pulse feeble and growing quick and small, and the mind becoming despondent. These were serious symptoms, and showed that little time was to be lost in instituting some means for the woman's speedy relief.

The expulsive contractions of the uterus were powerful and continuous, but not a particle of advance was made by the presenting part of the fetus. As the result of further consultation resort was had to the forceps. Dr. S. P. volunteered his services in that direction, but after repeated and persistent efforts failed to deliver. After some time spent in these fruitless labors, the Doctor finally gave it up as a bad job, and asked me to try my hand. I took the handles of the forceps and withdrew the instrument from the patient's body. In reply to the Doctor's expressive look of inquiry, I said, "I am loth to use the forceps when there is room for doubt as to what part of the fetus they are to be applied."

I then made the third examination, as did also the two other consulting physicians, but without coming any nearer to an agreement than at first. I then made the suggestion that, regardless of the presentation, an effort should be made to reach the feet, and by turning the fetus deliver at once. This proposition met with general favor, for we had now reached a stage in the proceedings when any thing looking toward relief was gladly accepted. I was requested to make the attempt. I did so, and after great difficulty succeeded in reaching the feet, but found it impossible to turn. The two remaining consulting physicians both made similar efforts but without success.

At this stage of the case a final consultation was held, in which it was determined to use the perforator at once upon the most accessible part of the fetus, regardless of what it might ultimately prove to be, and thus by materially reducing its bulk, effect the speedy delivery of the woman, whose condition was now beyond question one of extreme peril. The perforator was therefore immediately brought into requisition. This procedure was instantly followed by an immense gush of water, a gallon at least in quantity, making its escape in a literal torrent. The blunt hook being then inserted into the opening made by the perforator, the fetus was speedily brought through the vulva. An inspection revealed a very large child with an enormously enlarged head.

The incision made by the perforator was directly in the center of the median line between the os frontis and the occiput, through the sagittal suture, thus putting the question of the presentation beyond all dispute. The sulcus felt by us was caused by the terrific pressure brought to bear by the uterine contractions upon the parietal bones of the fetal head.

On measurement, which was effected by

stuffing the cranial cavity with raw cotton and the use of a tape line, the proportions of the fetal head were found to be enormous. The distance from the nasal bones to the occipital protuberance was twenty-two and one half inches; circumference, measuring just above the ears, twenty-nine inches; from apex of chin to anterior fontanelle, nineteen inches. Unfortunately we neglected to weigh the child, but it could not have fallen short of fourteen or fifteen pounds. With the exception of its head it was well-shaped and healthy in appearance.

I saw this patient again on Sunday morning, the 17th, in consultation. Dr. W. C. and I called together. The symptoms were regarded as unfavorable. There was a pulse of one hundred and ten, inclining to be small and wiry, hypogastric tenderness, and pain and slight tympanitis. She was rational but restless and despondent. Dr. H. was still in charge of the case. I expressed my opinion to Dr. W. C., on our departure from the house, that she could not survive. The Doctor coincided in this view of the case. The prognosis proved correct, for she grew rapidly worse, and in a few days perished from metroperitoneal inflammation.

I am led to report this melancholy case, not for any purpose of self-glorification, not because I claim any special infallibility in diagnosis, or that I desire to appear "wise above that which is written," but because I think it an instructive case that may prove of some benefit to the profession, especially its junior members, and that there is sometimes "in a multitude of counsel" considerable confusion.

Accuracy in diagnosis is not always possible, even to the most experienced and skillful men. Mistakes will sometimes occur even with the best informed members of the healing art. I am satisfied that cases do arise where the wisest heads are sorely puzzled. Skill in diagnosis is the result of patient, laborious, and careful observation. Abernathy once said that "genius in a medical man consists in a patient observation of facts."

A man is a physician in the highest sense of the name, just in proportion to his knowledge of pathology and his skill in diagnosis, for "upon these two hang all the law and the *profits*." (Excuse the pun.)

The more we are impressed with this fact the more certainly shall we approximate that perfection in our noble profession which is the goal of our common ambition.

WARRENSBURG, MO., Nov., 1882.

## Reviews.

**A System of Human Anatomy,** INCLUDING ITS MEDICAL AND SURGICAL RELATIONS. By HARRISON ALLEN, M. D., Professor of Physiology in the University of Pennsylvania. Illustrated with three hundred and eighty figures on one hundred and eighty-nine plates, many colored; also two hundred and fifty woodcuts. The drawings by Herman Faber, from dissections by the author. The whole in six quarto sections upon fine, thick paper. Philadelphia: Henry C. Lea's Son & Co. 1882.

To maintain a thorough familiarity with the essential details of anatomy is the most constant difficulty with which the practitioner of medicine contends. Regular annual review of this branch of study with dissection and demonstrations is usually impracticable in the midst of active practice, and no portion of medical knowledge so quickly fades into inaccuracy in memory as anatomical details. Many practitioners, in conscientious and intelligent recognition of the importance of this knowledge in connection with medical diagnosis and surgical procedures, endeavor to keep their knowledge fresh and accurate by occasional study and consultation of plates and drawings. These, unless very expensive, are usually inaccurate and unsatisfactory. Sibson's Medical Anatomy is an excellent work, but is limited to regional anatomy, with a brief and unsatisfactory text. Maclise's Surgical Anatomy is expensive and adapted only to the wants of the operative surgeon. Quain's large illustrated treatise is unwieldy and poorly illustrated. The well-known text books on anatomy are altogether descriptive, and do not treat of anatomy from the standpoint of either practical medicine or surgery. These latter works emphasize no especial feature, but treat of every detail in the descriptive method of elementary study. Teachers and students of anatomy have long felt the need of a work, thorough in details but conspicuous in important practical features; a work combining the advantages of faithfully depicted and artistically executed illustrations, together with a simple and practical exposition of the principles of human anatomy; a work suited to the wants of the student of medicine and surgery, and also to the general practitioner in the midst of his labors. It has fallen to the lot of our American confrère, Dr. Harrison Allen, of Philadelphia, to produce a work which fully meets these indications.

Human anatomy may be regarded an exhausted science, and many are the works

offered the profession on this subject, yet to write or teach anatomy successfully requires capabilities of the highest order. To teach medical and surgical anatomy with success and satisfaction necessitates a thorough practical knowledge of medicine and surgery acquired at the bedside. Moreover, in the preparation, arrangement, and practical adaptation of facts already known, as much ability and ingenuity may be displayed as in the search for the unknown in medical science. Dr. Allen undertook a severe task when he conceived the determination to produce a work on human anatomy which would meet the wants of both the student of medicine in his dissections and the practitioner amid the emergencies of a general practice. We know that it has required years of labor and diligent, patient, painstaking study and dissection to accomplish the task, and we congratulate him upon its completion.

The distinguishing feature of this work is that, while a thorough treatise on human anatomy, it is neither prepared from the standpoint of the scientist without knowledge of or sympathy with clinical requirements, nor from the standpoint of the surgeon, who often disregards the wants of the student and physician. The purpose has been maintained throughout of adapting the work to the wants of the student, the surgeon, and the physician.

The day is at hand when the American student of medicine will seek instruction in anatomy from the teacher who treats his subject from the standpoint of a practical medical man instead of from that of the scientist. We would not decry the study of anatomical science in its widest range, so attractive to the student of natural science and the very basis of all knowledge of living things. Human anatomy can never be appreciated without the study of comparative anatomy. No studies can offer such charms to the student of nature as are found in the study of anatomy and physiology in their widest domains. These studies, however, are for the few and not for the many. The student of medicine of the present day can not enter these inviting fields of study, but must perforce limit his investigations to the essential and practical. Hence we say, that teacher of anatomy will best meet the demands of the hour, who, thoroughly acquainted with his subject, has also a practical knowledge of medicine and surgery, and presents to his class in attractive and methodical manner, with due emphasis and abundant illustration, a knowledge of anatomy as applied to medical and surgical practice. Dr. Allen is alive to these requirements, and has demonstrated the fact in the preparation and arrangement of his treatise on human anatomy.

The work is composed of six sections. The first is devoted to histology, and is prepared by Dr. E. O. Shakespeare, of Philadelphia, whose studies in both normal and pathological histology are familiar to the profession. The second section includes a consideration of the anatomy of the bones and joints. Both sections are admirably illustrated with plates of wonderful fidelity and beauty. The text is simple, concise, accurate, and lucid. The localization of diseased action and the surgical relationship are made prominent in connection with the consideration of every organ and part. The publishers have received the following note relative to the work from a well-known practical surgeon, who for many years publicly taught anatomy:

*Gentlemen:* Allen's Anatomy needs no commendation from me. It speaks for itself. I know of no similar work in any language which, either in illustration or text, is as well adapted to the wants of the medical student and the practitioner as this book of Professor Allen. Yours truly,

D. HAYES AGNEW.

PHILADELPHIA, October 10, 1882.

This is high commendation, and the treatise fully merits it. The entire work will consist of six sections, arranged in portfolio form. This arrangement is most favorable for ready reference and convenience. The paper and typography are up to the well-known standard maintained by Messrs. H. C. Lea's Son & Co. It is sold only by subscription. The price is $3.50 per section, the sections being delivered without additional cost and to suit the purchaser's convenience. The first two sections are now ready. Messrs. G. T. Craven & Co., 536 Third street, Louisville, and 141 Race street, Cincinnati, are the general agents for the West and South. Communications addressed to either office will elicit any further information desired in relation to Allen's Anatomy. M'M.

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THERE is a true and a false medicine—the true consists in knowing how much we know; the false in pretending that all the arcana of disease and Nature is open to us. The true is noble and honest; the false is ignoble and dishonest.—*Thomas M. Dolan, F. R. C. S., in Med. Press.*

# Medical Societies.

## PATHOLOGICAL SOCIETY OF PHILADELPHIA.

The Pathological Society of Philadelphia met Thursday evening, October 9, 1882, the president, Dr. James Tyson, in the chair.

MYXOMATOUS TUMOR OF THE POSTERIOR CERVICAL REGION. Presented by Dr. Nancrede for Dr. W. G. MacConnell.

The tumor was removed by Dr. J. H. Brinton at the Jefferson College Hospital Clinic, some ten days since. The patient was a little boy aged four years, whose parents had first noticed the growth about two years ago. Latterly it has grown with considerable rapidity. It was of firm consistence, lobulated, and movable beneath the skin, giving the impression that it was a fibrous tumor. After removal, in addition to the above-mentioned characteristics, it was found surrounded by a capsule, and on section looked somewhat suggestive of myxoma; still it was thought by some to be merely a fatty tumor containing more fibrous tissue than usual.

*Microscopic examination* by Dr. MacConnell. Upon examining a frozen section stained with iodine, meshes of capillaries are displayed, in the walls of which the endothelial cells composing the vessels can be distinctly seen. The aforesaid meshes contain the mucoid structure traversed by large, pale, fusiform cells, the processes of which anastomose with each other. In addition many leucocytes are seen, and interspersing the growth in every direction numerous yellow, elastic fibres are readily distinguished.

When presenting the specimen, Dr. Nancrede commented on the rarity of such growths.

Dr. S. W. Gross said he had himself presented several gelatinous polypi of the nose, a number of years ago, which were most characteristic examples of myxomatous tissue. He could also recall a specimen of subcutaneous myxoma of the forearm, as well as the hematoid myxoma of the breast referred to by Dr. Nancrede. He was disposed to consider it the rarest of all neoplasms of the breast; indeed, he had never personally met with one, and when preparing his work on tumors of the breast he had written to numerous surgeons throughout the country, who all replied that they had never met with one affecting the breast.

Dr. Formad remarked that he had exhibited a myxomatous fibroma of the labium some years since, and said that the peculiar milky appearance assumed by the fluid when such growths were thrown into alcohol was a good diagnostic point.

Dr. Shakespeare said that his personal experience as to the rarity coincided with that of Dr. Gross. This specimen is one of the rarest forms, as most of the fibrillæ consist of yellow, elastic tissue. The rarity of myxomatous tumors seems to him to have much bearing on the views of Cohnheim and others as to the etiology of tumors. The observers insist that all tumors spring from the remains of fetal tissues, not made use of in tissue construction, which remain dormant in their embryonic condition until subjected to some irritation, when they develop into the various neoplasms. Now, tissue practically identical with that found in myxomata pervades the fetus. How, then, is it that portions of this do not remain to give rise to myxomata? On the contrary, myxomata are among the rarest of the neoplasms.

BRAIN, LUNG, HEART, LIVER, SPLEEN, KIDNEY, AND BLADDER LESIONS. Presented by Dr. J. T. Eskridge.

The specimens showing the above lesions were removed from the body of a man aged sixty-eight years. The patient had become deaf in the right ear thirty years before, while suffering from some brain disturbance. Attacks of jaundice, with gradually-increasing permanent discoloration of the skin, had extended over a period of ten years. Since the early part of the year 1877 he had complained of incontinence of urine, an oppressed feeling over the hepatic region, dropsy in the feet and face, and a gradual loss of flesh and strength. The two years preceding his death he had been unable to work, but was only confined to bed five days. During the latter period his symptoms were in the order in which they were developed—great prostration, scanty secretion of urine, blindness for twenty-four hours preceding repeated convulsions, loss of speech, and almost total inability to swallow, although consciousness was preserved till coma ushered in the death scene. His temperature (axillary) did not rise above 100.5°. The surface head-temperature nearly equaled that of the axilla. No paralysis of the muscles of the face or extremities preceded death. The liver during life did not appear to be enlarged or altered in its outline.

The post-mortem examination revealed in the brain engorgement of the veins with some effusion, slight pia-mater inflammation in the neighborhood of the fissure of Rolando, apparent degenerative changes in the left island of Reil and anterior portion of the left tempero-sphenoidal lobe; in the pleura and lungs, old and numerous pleuritic adhesions, lobular and vesicular emphysema of the lungs, congestion of both lower lobes, and a nodule (probably cancerous) of the left apex; in the heart, fatty degeneration, dilated right ventricle, and incompetent mitral valves from ossific change; in the liver, multiple cancer without an increase in size or a nodular condition of the organ; in the spleen, marked increase of fibrous tissue and atrophy of the gland to one half or less its normal size; in the kidneys and ureters, the last stages of pyo-nephrosis, the glandular tissue being nearly destroyed, the pelves were as large as a good-sized orange, and the ureters dilated so as to admit a man's thumb; in the bladder, great hypertrophy of the mucous membrane and decrease of the capacity of the viscus.

PRIMARY CARCINOMA OF PANCREAS AND LIVER. Presented by Dr. E. T. Bruen.

The interesting features pertaining to this case are the age of the patient (twenty-four years) and the rapidity of the abnormal processes. These rendered the diagnosis of malignant disease doubtful, till the appearance of nodular tumors in the liver. The family history was free from hereditary disease. The commencement of the disease dated from September, 1881. Death occurred on the 15th of January, 1882. At first the symptoms related solely to the digestive tract, such as dull and heavy sensation after eating, with acid eructations and

occasional vomiting. Subsequently sharp, cramp-like pains in the abdomen were a prominent symptom. After the lapse of a week there commenced general itching, and two weeks later the skin became yellow. This yellowness and itching never disappeared during the history of the case. At the autopsy the gall-duct was found obstructed by the enlarged head of the pancreas, so that extreme dilatation of the gall-bladder had ensued. This was probably the cause of the jaundice and not the liver disease itself. The bowels were regular and the appetite good when first seen. The case then presented evidences of partial obstruction of the gall-duct with digestive disorder, but without the symptoms characteristic of malignant disease of the stomach or bowels. By the middle of December, 1881, the liver-dullness then extended from the fourth interspace to three inches below the ribs; in the nipple-line from the ensiform cartilage the line of dullness extended to within one inch of the umbilicus. The hepatic region was tender upon pressure, especially over the epigastrium. The patient complained about this time of dull pain over the liver with griping pain in the abdomen. The pulse was ninety-six per minute. He had lost four pounds since admission, and looked thin. About this time a small inequality was noticed on the surface of the liver three inches above and a little to the inner side of the umbilicus. The spleen was enlarged. By January 7th the bosselation of the liver became distinct, and the enlarged gall-bladder, rendered irregular by gall-stones, presented a slowly-increasing, elastic, tender tumor, situated to the right of the epigastrium and umbilicus. By January 12th the pulse became rapid, one hundred and thirty per minute. The patient rapidly failed, and death occurred on January 15th.

*Autopsy.* The pancreas was enlarged to double its size, the growth chiefly occupying the head and compressing the common bile-duct. Microscopic examination showed it to be scirrhous carcinoma. The liver was thickly studded with nodules of medullary carcinoma, explaining the ante-mortem bossellated feel of the organ. The gall-bladder was distended to twice its normal size and contained a number of gall-stones.

*Remarks.* The duodenal end of the organ, as is usual, was the seat of the disease. In a paper on thirty-nine cases of primary carcinoma of the pancreas, in St. Bartholomew's Hospital Report for 1881, jaundice is stated to be always present, while in twenty-four cases of secondary carcinoma this symptom was noted in but seven cases. This is presumably from the secondary growth occurring in some other portion of the organ than its head. Murchison says that the characteristic symptoms of carcinoma of the pancreas are pain in the pancreatic region, sensible tinna, and persistent jaundice. To these Dr. Bruen would add intestinal dyspepsia, which differs in some essential features from the dyspepsia of organic disease of the stomach.

Dr. Musser remarked that he could vouch for there being a distinct tumor of the pancreas, as he was present at the autopsy. The case had been under his observation in the dispensary one month prior to admission to the hospital. On account of the age he was puzzled as to an exact diagnosis, although confident that the cause of the jaundice was obstruction. He noted among other symptoms the intense itching of the skin, a point of importance, Sims says, in the diagnosis of obstructive jaundice from that due to suppression. In five cases of tumor of the pancreas he had lately seen, all were accompanied by jaundice.

Dr. Bruen called attention to the uncertainty of bosselation as a symptom of malignant disease of the liver. He had presented to this society, only two weeks since, a liver exemplifying this condition in a marked degree, where nothing beyond cirrhosis in the stage of enlargement existed. The occurrence of carcinoma of the liver at so early an age is unusual, although Dr. Pepper had shown a specimen of the disease to this society some years ago, occurring in an infant.

Dr. Tyson said that there were two points in this case of great interest to him: First, jaundice in carcinoma of the pancreas, while it is a frequent symptom it is by no means an invariable symptom. Seven years ago he presented to this society the specimens from a case of primary pancreatic carcinoma where no jaundice had been present, and six months ago he presented to the society a specimen of enlargement of the head of the pancreas from a patient who also presented no symptoms of jaundice. Second, as to the diagnosis from cancer of the stomach he had noticed in his experience, as was mentioned in the history of Dr. Bruen's case, the absence of gastric symptoms. This negative symptom is of importance, since the tumor is often detected in precisely the same spot in both these diseases. The absence of gastric symptoms with intestinal indigestion, irrespective of fatty diarrhea, he considered the most reliable diagnostic points between carcinoma of the pancreas and stomach.

SPINDLE-CELLED SARCOMA OF THE SMALL INTESTINE. Presented by Dr. W. A. Edwards.

On September 23, 1882, I was asked to assist Dr. W. F. Atlee in the removal of an abdominal tumor. The patient, aged forty-eight years, whose menstruation had ceased at thirty-one years, first noticed the swelling in April last. On the day of operation she measured thirty-eight inches around the abdomen. The usual incision was made and the tumor reached, when its surface was seen to be of a dark purple hue, with a net-work of large veins ramifying in every part of its serous covering. A trocar and cannula were introduced, but nothing but blood followed the withdrawal of the trocar. The sac was then torn open, and its contents of a soft, brain-like consistence were emptied out. The growth was now turned out of the abdominal cavity. There was no distinct pedicle, but an attachment to the intestine of about the size of a half dollar was seen. Dr. Atlee says, "When I emptied the sac of its soft contents I examined carefully, with extreme care, the part fastened to the intestine, and my finger passed into the intestinal tube." A silk cord was tied around the attached portion and the remainder of the growth removed. The omentum was attached to the growth for a space of two inches. This was ligated and cut away, and the abdominal wound was closed, etc. Death occurred September 25th, at 4 A. M.

This growth sprang primarily from the submucous tissue of the small intestine and grew with great rapidity, as the patient was only aware of its presence last April, and by September she measured, as above stated, thirty-eight inches. Micro-

scopical examination of preparations taken from several portions of the growth clearly showed it to be a spindle-celled sarcoma, and a most typical one at that. The small intestine is an unusual site for this neoplasm. As far as I am able to ascertain there is no recorded instance of its occurrence in this situation. My friend, Dr. Formad, to whom I have shown the growth, concurs with me in this statement. On the day of operation I noted as well as I could the absence of all secondary deposits. The surrounding intestines and peritoneum were apparently normal, not even unduly hyperemic. No post mortem was permitted.

CHRONIC PARENCHYMATOUS NEPHRITIS COMPLICATING PHTHISIS PULMONALIS. Presented by Dr. James Tyson.

My object in showing these kidneys is to illustrate the morbid anatomy of the renal complications which so frequently attends the later stages of phthisis pulmonalis. It is very well understood that when edema of the feet and legs present themselves in cases of consumption the end is not far distant; but the renal complication which is at the bottom of such edema is often overlooked. It is of course not impossible that there should be edema in the last stages of phthisis, from simple alteration in the composition of the blood—a watery state of it—but in the majority of instances it means that the kidneys have become involved. As to the form of disease affecting the kidneys, it is acknowledged that it may be either lardaceous disease or chronic parenchymatous nephritis; but I think the impression prevails, at least it was my own until recently, that the amyloid kidney is the most frequent complication. I believe, however, that the chronic parenchymatous nephritis is more common, and it becomes a matter of interest, if not of importance, to be able to diagnose between these two conditions. It is well known that the microscopic and clinical characters of the urine in the various forms of kidney disease are often identical, so that no assistance is afforded by a study of the urine. The history of the case of course leads to neither particular form, but suggests both. One criterion only can I recall to aid us, and that is the presence of enlarged liver. So commonly associated is the enlarged amyloid liver with amyloid kidney that the absence of it almost necessarily indicates the presence of amyloid kidney. At least I am sure we would err less frequently if we were to consider all cases of renal diseases attending consumption unattended by enlarged liver to be parenchymatous nephritis rather than lardaceous disease. It is true we often have enlarged fatty liver in consumption, but the degree of enlargement never reaches that of the amyloid liver, and hereafter I shall be inclined to consider all cases of renal disease complicating consumption to be parenchymatous nephritis, unless they are associated with enlarged liver, when I shall conclude that they are instances of amyloid disease.

Dr. Bruen considered that the passage of large quantities of urine and a history of specific disease, or of prolonged suppuration preceding the kidney trouble, would warrant a diagnosis of amyloid renal disease.

Dr. Musser would ask whether the heart was hypertrophied, and what was Dr. Tyson's experience regarding hypertrophy of that organ in cases of amyloid disease, and of chronic tubal inflammation of the kidneys. If not too late, he would like to call attention to the absence of cardiac hypertrophy, with an infinite degree of obstruction in the renal circulation, in the case Dr. Eskridge had presented. This is in direct opposition to the view held by some that the hypertrophy of the heart is a sequence of the renal obstruction in chronic interstitial nephritis

Dr. Tyson replied that in this particular instance he did not see the heart, and could not tell whether it was hypertrophied or not. The same law holds good for amyloid kidney as for chronic nephritis; if the case last long enough, hypertrophy is sure to be found sooner or later.

ECCHYMOSES OF THE MUCOUS MEMBRANE OF THE STOMACH.—Presented by Dr. J. M. Barton:

The history of the case was that of chronic lung trouble. The stomach, upon being opened, presented an irregularly-shaped extravasation of blood about two thirds of an inch in diameter. The mucous membrane covering the effusion was healthy, as it was in the rest of its extent.

Dr. Tyson remarked that these effusions are not uncommon, but he had never seen them except in their pin-point form.

Dr. Roberts asked if there had been violent vomiting recently.

Dr. Barton replied that nothing of this sort had been observed for some months prior to death.

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## Selections.

**Treatment of Placenta Previa.**—(M. Hofmeier, Berlin): The author's conclusions and methods claim our attention on account of the excellence of his results. His material consisted of forty-six cases, thirty-five of which were delivered in one year, thus offering an excellent chance to judge of a method carried out by one man in so many cases. In judging of his method he first excludes from the forty-six cases three who were so far gone from hemorrhage when he arrived that there was no chance for any treatment. Of the remaining forty-three, in nineteen the location of the placenta was central, in sixteen lateral, and in eight marginal—a very large percentage of *central.*

The usual rule of treatment is to tampon until the cervix is sufficiently dilated. This rule the author opposes. He scarcely ever uses a tampon, and as to the cervix his rule is only to wait till clear symptoms of labor set in, either in uterine contractions or a funnel-shaped dilatation of the cervix. He then proceeds as actively and early as possible. This rule was followed in thirty-seven of the forty-three cases, after poor experience in other methods with the rest. In nineteen cases the cervix was partially dilated, in eighteen either entirely closed or with only a funnel-shaped dilatation. The earlier the operation the more of necessity is the choice limited to the combined external and vaginal version with one or two fingers, the Wigand-Braxton-Hicks method. This was done in thirty cases, the foot was brought down in three breech cases, three times internal version was performed and once the forceps applied. The combined turning was practiced as long as possible, and the hand introduced into the uterus only when absolutely necessary. The feet, having been guided to

the os, are seized, and by firm traction the buttocks effectually stop the hemorrhage. In cases of central position of the placenta, the author, in spite of all the arguments against it, is in favor of perforating the placenta and bringing the feet through. He did it in five cases, in three of which it was necessary on account of haste, and in two of which the child was already dead. It gives the mother the best chance, and the child's chance is by any method in such a case extremely small. The rest of the delivery, the author expressly states, should be *slowly* accomplished. The condition of the child may modify this rule, but even this must not make us increase the mother's risk. "One must have the courage to let a doubtful child's life be lost in his hands, rather than subject the mother to increased danger. The child is to be delivered *slowly*. Even so, the author's results were not bad as regards the children. Of thirty-seven, seventeen were already dead; of the twenty still living, six died (three premature and three from perforation of the placenta). Altogether, sixty-three per cent died and thirty-seven per cent lived, which is up to the usual standard. The statistics of the mothers, however, are much better. The author considers in them not only the immediate result, but the aftercourse of the case. In each case ergotin was given subcutaneously during extraction and the uterus was washed out afterward with a five-per-cent carbol. sol.

Of the thirty-seven patients treated by these rules, *one* died. She had been treated for twenty-four hours by tampon, and the placenta was foul and offensive when the delivery took place, and she died seventeen days after from phlegmon and phlebitis of the thigh. H. believes she would have surely been saved if action had been prompter. This one case, out of thirty-seven, gives a mortality rate of 2.7 per cent, far ahead of any published rate, others having been 10 per cent, 16 per cent, and 40 per cent. After-hemorrhages occurred in some cases, but none which could not be controlled with ergotin, iced and hot-water injections. Of the six cases treated at an earlier date, and by the *waiting* method, one died; two had a long, severe lying-in; four children were dead. Of the whole forty-six cases, therefore, five died—10.8 per cent. The author adds two useful hints as to the location of the placenta. In nearly central location the smaller portion is on the side which is more loosened from the cervix lip. In placenta previa lateralis the proportion in favor of the right side is about 11.4.—*Ibid.*

**Plica Polonica.**—Dr. Ferdinand Lessing, of Winowa, Minn., relates the following case in the Medical Times of November 4th: Anna T., aged sixteen, went six weeks ago to the country with a lady friend, and, rambling about in the woods, they came to a cold spring and washed their feet in it. Next day A. felt chilly and languid, appetite impaired together with shooting pains through her limbs. A week after, she noticed that when combing her hair she could not pull the comb through as readily as heretofore, and by about a week more her hair was a matted mass. The symptoms of pains in her limbs had increased in proportion, as also a neuralgic pain in head and eyeballs. Two weeks before her death I was called, and found the sufferer in the following condition: She cried from the excruciating pain in limbs and head, the former being in a continuous state of tremor. Extremities cold, tongue clean, pulse sixty-five, appetite gone, insomnia complete, and menstrual function stopped. I ordered her potassium bromide and chloral, also a tonic consisting of quinia sulph., iron, nux vomica, and arsenic. Gave her also wine and milk-punch *ad libitum*. The trembling of her limbs, as also the pain in head and eyes, had somewhat improved under this treatment in the course of a few days, yet her pulse grew weaker, and on the thirteenth day from the beginning she quietly passed away.

We once went a long distance, to Vienna, to see this disease, and were greatly disappointed to learn from Hebra that there was no such disease. He taught that so-called plica polonica was but an intense eczema occurring in broken-down constitutions, and was usually complicated and aggravated by lice. As to the hairs exuding a gelatinous matter, this is a physical impossibility. The exudation is from the scalp, as Hebra says, and merely clings to the hairs. This case of Dr. Lessings, however, is a rare and curious one, and well worthy of record.

**Operation for Hydrocele.**—Prof. W. T. Briggs, of Nashville, in a clinical lecture, published in the Nashville Journal of Medicine and Surgery, says on this point: Incision, as practiced originally by Sir Charles Bell, has of late fallen into disrepute, I being the only surgeon I am aware of who adheres to it as preferable to any other procedure. The operation consists of a free incision into the sac, its contents are allowed to flow off, and then place in the bottom of the wound between the walls of tunic a strip of lint. Acute inflammation soon follows. When it reaches the point of suppuration the lint is withdrawn, the walls of the cavity lying in contact adhere by adhesive inflammation and the cavity is thus obliterated. The wound heals by granulation, and the hydrocele is cured. This method is *always* effectual, and if conducted in the proper manner the inflammation is always under control. Prof. Briggs, of Nashville, availed himself of this case to urge the superiority of the operation by incision over any other. It is obvious, had this case been treated by injection, and an irritating fluid thrown into the sac, which was in such close relation with the testicle, disastrous consequences would certainly have followed. Recovery after the operation was a little tedious, but ultimately the patient was discharged entirely cured.

**Treatment of Soft Chancres and of Buboes by Salicylic Acid.**—1. The efficacy of salicylic acid in the treatment of soft chancres and of buboes appears to us to be unquestionable. While not an absolute specific, it is, in our opinion, capable of being most advantageously employed. 2. Odorless, only slightly painful in its application, soluble in alcohol and in glycerine, and leaving no stain on linen, it is preferable in these important respects to most other agents employed for the cure of the above-named affections, while perhaps inferior in certain other particulars to some among its rivals. 3. It may be resorted to in all cases, both when the sores are large and well-exposed, and when they are sloughing extensively, or are reached with difficulty; and it is equally available in private and in hospital practice. —*Jour. of Cutaneous, Med. and Venereal Diseases.*

**Syphilitic Polyuria.**—Professor Semmola, of Naples, lately described this symptom in the *Revista de Ciencias Médicas* of Barcelona.

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## TESTIMONIALS.

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I consider HARTER'S IRON TONIC an excellent remedy, both in regard to its stomachic and general effects. The combination is very felicitious, and in my experience is always followed by good results.—Cincinnati, Aug. 4, 1882.

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For Female Diseases HARTER'S IRON TONIC is par excellence. The Combination is well adapted to Anemia accompanied with Dysmenorrhea, the good results being attributed to the Iron, Phosphorus, and Viburnum.
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I am constantly prescribing IRON TONIC, it gives such general satisfaction. Where there is an opportunity it will reconstruct the most shattered and enfeebled constitution. Butler City, Kansas, Aug. 15, 1882.

**Recommended by many other physicians throughout the United States.**

The Iron Tonic acts on the stomach and liver, increasing the appetite, assisting digestion, building up the weak, frail, and brokendown system, thereby making it applicable for dyspepsia in its various forms; loss of appetite, headache, insomnia, general debility, female diseases, want of vitality, nervous prostration or exhaustion, convale-ence from fevers. It prevents impoverishment of the blood; is valuable in anemia, chlorosis, etc.

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# FORTY-SIXTH ANNUAL ANNOUNCEMENT

OF THE

# UNIVERSITY OF LOUISVILLE,

SESSION OF 1882 AND 1883.

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L. S. McMURTRY, A.M., M.D., AND R. B. GILBERT, M.D.....Demonstrators of Anatomy.

FEES.—Professors' Ticket, $75.00; Matriculation Ticket, $5.00; Practical Anatomy, $10 00; Graduation, $30.00 Hospital Ticket (required by the City), $5.00.

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The Spring Session of 1883 will open March 5th, and will continue until June 1st. It includes Clinical Teaching and Pharmaceutical work in the Dispensary, systematic recitations from Text-books, by a corps of examiners who have the use of the Museum for illustration, personal manipulations in Operative Surgery, Chemistry, Histology, Ophthalmoscopy, Laryngoscopy, and Otoscopy, under the supervision of Demonstrators.

The Spring Course is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary, and does not count as a session.

The Fee for the Full Course is TWENTY-FIVE DOLLARS.

The Forty-Sixth regular Annual Session will commence on October 2, 1882, and will continue until March 1, 1883. Previous to this there will be a preliminary course of lectures free to all students, opening September 4th, and lasting until the beginning of the regular term.

The continued success of the practical exercises in Laboratories especially fitted with Beck's Microscopes, sets of Chemical Reagents, Manikins, Ophthalmoscopes, Laryngoscopes, etc., etc., has confirmed the wisdom of the Faculty in instituting these courses. Every facility and all needful apparatus will be furnished so as to make these teachings of permanent value to the student.

*These special courses are optional. And it is recommended that first-course students should take Microscopy, for which a fee of $5 will be charged, and second-course students the three other courses, for which a fee of $10 will be charged.*

It is urged upon all who seek to train their senses to the requisite degree of skill to make good diagnosticians and operators that at least one course of each of the manipulative branches be taken before applying for the degree.

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It is the determination alike of the Faculty and Trustees to secure to students that kind of information which will be most useful to them in active professional life, and it will be seen that no effort has been spared to make the University essentially a *practical* and *demonstrative* school.

The UNIVERSITY DISPENSARY, which is the property of the Faculty, affords great facilities to students. The building is upon the University grounds, and is open to patients and students throughout the year. It is the oldest institution of the kind in Louisville. It has obtained the confidence of the sick poor of the city, and its clinics are daily crowded with patients illustrating all varieties of disease. The advantages accruing to the University students from this source are among the chief attractions of the institution, giving them opportunities for attending cases and witnessing diseases in every phase. The Dispensary furnishes material for DAILY COLLEGE CLINICS from the following chairs: Clinical Medicine, Clinical Surgery, Diseases of Women and Children, Diseases of the Heart and Lungs, and Diseases of the Eye and Ear, Diseases of the Skin, and Diseases of the Nervous System.

In addition to the daily College Clinics mentioned, two Medical and two Surgical Clinics will be held weekly in the commodious amphitheater of the CITY HOSPITAL.

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